

CONTRACTOR AFFIDAVIT

STATE OF _____
COUNTY OF _____

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the Georgia Department of Community Affairs ("DCA") has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify. Furthermore, the undersigned agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this project, the undersigned will secure from subcontractor(s) same verification of its participation in a federal work authorization program as required by O.C.G. A. § 13-10-91(b). The undersigned further agrees to maintain records of such compliance and upon request provide a copy of each such subcontractor verification to the DCA. The undersigned hereby attests as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Entity Name and Role in Project

Name of Project

Dated this the ___ day of _____, 201__

Signature of Authorized Officer or Agent

Print Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 201__

Notary Public

My Commission Expires:
